

February 12, 2007

Montana Medicaid Notice

Dental, Oral Surgeon, Dental Hygienist

Current Dental Terminology (CDT) and Updated Fee Schedule

Listed below are the changes made to the Current Dental Terminology (CDT) 2007 Edition by the American Dental Association. These codes are effective January 1, 2007. New Relative Values for Dentists (RVD) were also published in January 2007. The following lists the updated fee schedule.

New codes, new fees and limits:

Code	Description	Fee	Limit
D1204	Topical Application of Fluoride	\$10.89	Ages 18-999
D1204 EP	Topical Application of Fluoride	\$14.15	Ages 0-17
D1206	Topical fluoride varnish	\$56.60	Ages 18-20
D1206 EP	Topical fluoride varnish	\$73.58	Ages 0-17
D9612	Therapeutic drugs, two or more	\$43.54	Ages 18-999
D9612 EP	Therapeutic drugs, two or more	\$56.60	Ages 0-17
D0275	Bitewings - each additional	\$5.44	Ages 18-999
D0275 EP	Bitewings - each additional	\$7.08	Ages 0-17
D0273	Bitewings - three films	\$17.42	Ages 18 - 999
D0273 EP	Bitewings - three films	\$22.64	Ages 0-17
D2712	Crown ¾ Resin	\$322.20	Ages 18-20 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D2712 EP	Crown ¾ Resin	\$418.84	Ages 0-17 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D2794	Crown - Titanium	\$347.88	Ages 18-20 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D2794 EP	Crown - Titanium	\$452.23	Ages 0-17 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D5225	Maxillary Part Denture Flex	\$478.07	Ages 21 - 999 - One replacement per five years - 1 lost pair replacement per lifetime.
D5225 EP	Maxillary Part Denture Flex	\$621.47	Ages 0 - 17 - One replacement per five years - 1 lost pair replacement per lifetime.
D5226	Mandibular Part Denture Flex	\$478.94	Ages 21 - 999 - One replacement per five years - 1 lost pair replacement per lifetime.
D5226 EP	Mandibular Part Denture Flex	\$622.60	Ages 0 - 17 - One replacement per five years - 1 lost pair replacement per lifetime.
D6205	Pontic - Indirect Resin Based	\$323.50	Ages 18-20 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D6205 EP	Pontic - Indirect Resin Based	\$420.54	Ages 0-17 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D6214	Pontic Titanium	\$339.61	Ages 18-20 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D6214 EP	Pontic Titanium	\$441.48	Ages 0-17 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.

Code	Description	Fee	Limit
D6710	Crown - Indirect Resin Based	\$350.50	Ages 18-20 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D6710 EP	Crown - Indirect Resin Based	\$455.63	Ages 0-17 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D6794	Crown Titanium	\$320.02	Ages 18-20 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D6794 EP	Crown Titanium	\$416.01	Ages 0-17 Anterior teeth (6-11 and 22-27) - 1 per tooth every 5 years.
D7511	Incision/Drain Abscess	\$96.22	Ages 18-20
D7511 EP	Incision/Drain Abscess	\$125.09	Ages 0-17
D7521	Incision/Drain Abscess Extra	\$155.00	Ages 18-999
D7521 EP	Incision/Drain Abscess Extra	\$201.50	Ages 18-20

New codes with by report fee (no RVDs):

Code	Short Description	Limits
D0360	Cone beam CT	Ages 0-999
D0362	Cone beam, two dimensional	Ages 0-999
D0363	Cone beam, three dimensional	Ages 0-999
D0486	Accession of brush biopsy	Ages 0-999
D1555	Remove fix space maintainer	Ages 18-20
D1555 EP	Remove fix space maintainer	Ages 0-17
D4230	Ana Crown Exp 4 or > per quad	Ages 18-20
D4230 EP	Ana Crown Exp 4 or > per quad	Ages 0-17
D4231	Ana Crown exp 1-3 per quad	Ages 18-20
D4231 EP	Ana Crown exp 1-3 per quad	Ages 0-17
D7951	Sinus augmentation with bone or bone substitutes	Ages 18-20
D7951 EP	Sinus augmentation with bone or bone substitutes	Ages 0-17
D7998	Intraoral place of fix dev	Ages 18-20
D7998 EP	Intraoral place of fix dev	Ages 0-17

Codes end dated 12/31/2006:

D1201	D1201 EP
D1205	D1205 EP

Contact Information

For claims questions or additional information, contact Fran O'Hara, DME Program Officer, at (406) 444-5296 or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>